

HOSPITAL OF THE UNIVERSITY  
MEDICAL COLLEGE

WEDNESDAY, DECEMBER 22.

## THE

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## Illustrations of Hospital Practice.

### HOSPITAL OF THE UNIVERSITY OF PENNSYLVANIA.

WEDNESDAY, DECEMBER 22.

Services of Dr. Henry H. Smith.

*Serofulous Ulcer.*—A healthy looking, well developed young woman, presented a partly healed ulcer upon the right side of her neck, just behind the angle of the jaw. The neighboring lymphatic glands were somewhat enlarged. The history of the case was, that an indurated swelling after remaining hard for several months, finally softened in the centre, and the skin ulcerating, discharged a moderate quantity of thin pus, in which small cheesy flocculi were noticeable. The small ulcer thus produced gradually spread, till it was more than two inches long, but has latterly been healing slowly. No treatment had been employed, but, as other lumps began to appear, she came to the Hospital.

The disease consisted essentially in a tubercular deposition in one of the superficial lymphatic glands, with subsequent softening and ulceration. The sore thus left was what is called a serofulous ulcer. A similar deposition of tubercular matter was beginning in the neighboring glands. The character of the cicatrix is worthy of note. It was thick, elevated and branched, and much resembled, on superficial inspection, the cicatrix of a burn, or the skin disease called keloid, with which, indeed, it might erroneously be confounded.

The treatment consisted in the local application of Iodine ointment, and the internal use of the syrup of the Iodide of Iron. Good nutritious diet and exercise in the open air would be recommended.

*Cancer of the Face.*—An old man, seventy-two years of age, presented an ulcer at the left angle of the mouth, with thick indurated

edges, and in the middle of the cheek, on that side, an elevated and indurated fungus growth about two inches and a half in diameter. The cheek was closely adherent to the upper jaw, and the mouth could only be partly opened.

The history, as given by the patient, was that his general health had always been good, but that he had suffered for two years from diseased teeth in the upper jaw of the affected side. One of the molars particularly, had caused him much pain, and was considerably decayed. Six months ago, while sitting reading, he felt a pricking pain in the cheek, and putting his finger in his mouth, felt a pimple in the cheek opposite the diseased tooth, which, being handled, broke and discharged a few drops of dark bloody matter. The ulcer thus left continued to spread, the cheek became indurated and adherent, and finally the fungus began to sprout on the side of the face.

When brought before the class, he presented the condition above described; his breath was horribly offensive, and he suffered excruciating pain, which was referred by him to the roots of the decayed teeth, and not to the fungus or the ulcer.

A mouth wash was directed, composed of one fluid drachm of liq. soda chlorinat., to one fluid ounce of water, and cloths wet with mucilage of slippery elm were directed to be applied to the fungus growth.

Dr. Smith said that the disease was most probably malignant, but that its situation was such that temporary relief might be produced by the extirpation of the affected parts. The case would be made the subject of subsequent consideration, and if an operation was decided upon, it would be performed before the class.

*Injury to Sciatic Nerve.—Application of the Actual Cautery.*—A young man fell, a few months since, from a moderate height, and struck upon his left buttock. Since then, he had suffered from constant pain in the course of the sciatic nerve. There are no symptoms

of articular disease, and there could have been no fracture, as the patient walked quite well immediately after the accident, though lately he limps somewhat, in consequence of the pain which occurs in certain positions of the limb.

Dr. Smith proposed, in this case, making use of the powerful counter-irritation afforded by the moderate application of the actual cautery. He would impress upon the class that he only used it as a counter-irritant. The old objection to the actual cautery and to Moxæ, on account of their great painfulness, had been removed by the discovery of Anaesthesia; and either might be painlessly resorted to, where indicated. Latterly, the actual cautery had become once more, after a period of disuse, a *fashionable* remedy. Twice in his professional career, Dr. Smith had seen it in high favor, after a period of disuse. Twenty years ago in Paris, he had seen it much employed by the French surgeons in hip-joint disease, white-swelling, and many other diseases of the bones, &c. The opportunities he had then, as well as subsequently, of observing the effects of the remedy in these cases, had led him to form an opinion adverse to its use. He regarded it, as a counter-irritant of powerful action, but had never seen it produce in chronic diseases of the joints any good effects, which would counterbalance the serious inconvenience of the local ulceration. In the case presented, however, he expected to derive some benefit from its *moderate* employment.

The patient being etherized, the cautery was *lightly* applied over the sacrum, and in the course of the sciatic nerve, the object being to create *superficial* eschars.

**Sciatica.**—An elderly man had suffered nearly a year from sciatica, attributed to a sprain, which occurred while lifting a heavy weight. This patient limps very slightly, and the pain is not nearly so great as in the last case. Here also there is tenderness on pressure in the course of the nerve, and absence of all symptoms of articular disease. Counter-irritation was also demanded in this case, but a much less potent mode of effecting it, than is afforded by the actual cautery, would probably suffice.

Pure Creasote was resorted to, which was lightly painted over the course of the nerve with a camel's hair pencil. A considerable degree of counter-irritation could thus be obtained, and was often of great benefit in such cases.

## HOSPITAL OF THE JEFFERSON MEDICAL COLLEGE.

WEDNESDAY, DECEMBER 22.

Service of Dr. Dickson.

**Dyspepsia.**—Patrick W —, aged 38, has, for four years, had occasional attacks of soreness at the pit of the stomach, occurring at night. These have been accompanied by dyspepsia and a sour taste in the mouth. Frequently, during the daytime, he has a sensation of nausea and gastric distress, and the stomach feels painful and sore after eating. He has occasional attacks of diarrhoea; his tongue is furred, and his gums have an unhealthy appearance. Such symptoms are usually classed under the generic head of dyspepsia; and in employing that word, we comprehend at once a large number of varied and troublesome symptoms of gastric derangement. Generally, defective or irregular appetite exists, which is often accompanied with nausea, and a feeling of tension in the abdomen.

The treatment of dyspepsia varies, of course, with the amount of suffering of the patient. In all cases, the diet should be carefully attended to, and such articles as are found to disagree be abstained from. The vegetable acids will sometimes exert a beneficial tonic agency in these cases, but a remedy which seems to be more generally adopted in the treatment of dyspepsia is the subnitrate, trinitrate or oxide of bismuth, as it is variously called. How it acts, we do not clearly comprehend; perhaps, mechanically, arousing the morbid surface to healthy action. Monneret attributed the beneficial effect of bismuth in dyspepsia to such mechanical agency, and he is probably correct, as the fluids of the stomach do not seem to act upon it, nor is it absorbed. Some of those who have made the action of this tonic a special subject of study, have arrived at the conclusion that it passes through the stomach entirely unchanged.

R. Bismuth subnitratis gr. x.  
to be taken three times, daily.

A blister must also be applied over the epigastric region.

[We regret that we are this week obliged to condense the report of cases in the Medical Clinic of Wednesday last. It is due to the fact, that the report of the cases of stone in the bladder should have appeared in the last number.]

DEC. 31, 1858.]

## HOSPITAL PRACTICE.

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Service of Dr. Gross:  
Saturday, Dec. 18.

*Two Cases of Stone in the Bladder—Lithotomy.*—1. Hiram D——, 17 years of age, has suffered for fifteen years from vesical irritation. He is the twelfth in a family of seventeen children. On the 11th of December, while laboring under retention of urine, he was sounded and the presence of a calculus satisfactorily determined. It was found to project into the urethra, and thus impede the flow of urine by mechanical obstruction. When the stone was pushed back by the instrument, a stream was projected with great force. He formerly suffered from incontinence of urine, but this has been succeeded by retention. He has been brought before the class now, in order that he may again be relieved, as well as that he may be sounded for stone, and the nature of the vesical irritation be accurately diagnosed. If the calculus is lodged in the neck of the bladder, or the commencement of the urethra, it must be pushed back into the bladder, and the operation of lithotomy be performed.

The boy had been able to work up to September, but the irritation has been so great since that time, that he has been incapacitated from exertion. The penis is enormously hypertrophied, in consequence of the frequent traction from the manipulation of the patient during vesical irritation. An increased influx of blood has thus been occasioned, and hypertrophy is the result. The lower portion of the abdomen is greatly distended, owing to retention of urine for more than twenty-four hours. Upon introducing a sound into the urethra, the presence of a calculus was readily detected before the instrument reached the bladder; the diagnosis thus being clearly made out, and the case being interesting also as an example of retention dependent upon mechanical obstruction in the urinary passages. The calculus has existed so long, and the sound emitted when the instrument is brought in contact with it, seems to be produced from so large a surface, that we may assume the stone to be of considerable size. Probably one portion of it is moulded to the prostatic portion of the urethra, and the bladder, while the prostate gland itself may be atrophied. The finger, introduced into the rectum, often assists the surgeon in his diagnosis of stone cases. Mucus exists in the urine in increased quantity. Probably uric acid is the main component of the calculus.

The patient was purged last night, and morphia administered to diminish irritability. He must now be placed under the daily use of the Bicarbonate of Soda, together with an anodyne at night.

Crystals of uric acid in large numbers have been detected in the urine, under the microscope. It is proposed to-day to operate according to the method of Prof. Buchanan, of Glasgow University. An instrument was devised by him in 1848, which, at a first glance, seems difficult of introduction, from the want of a proper curve to adapt itself to the shape of the urethra. It is a rectangular staff, having a large groove which terminates at the probe-pointed extremity of the instrument. When introduced into the urethra, the angle of the staff projects prominently into the perineum, and rests in close contact with the prostatic portion of the urethra, and the anterior surface of the rectum. An assistant holds it firmly there, while the operator puts his finger into the rectum, opposite the horizontal portion of the instrument, and his thumb against the angle, so as to guide the point of the knife into the groove of the staff. The position of the staff should be distinctly felt through the perineum, at the median line, and just above the verge of the anus. The point of the knife must be brought into the groove, and carried along to the probe-pointed extremity, the knife being held horizontally. The bulb of the urethra is out of the way of the knife. The parts divided are the prostatic portion of the urethra, a part of the membranous portion, and the upper half of the external sphincter ani muscle. When the point of the knife has attained the probe-pointed extremity, the knife must be inclined obliquely, and carried downwards and outwards three-quarters of an inch, towards the tuberosity of the ischium, and then perpendicularly downwards and backwards, from three-eighths to half an inch. This completes the opening, and the incision is much smaller than in the ordinary operation. This constitutes Buchanan's method, and is a compound or medio-lateral operation. It is claimed to have several advantages over other modes of operating: simplicity, less risk of hemorrhage, in consequence of important arteries not being involved in the incision, less danger of urinary infiltration, an adequate opening for the removal of the calculus, the division of fewer structures than in the ordinary operations, and the facility with which the knife is introduced into the groove of the staff. Up to 1856,

thirty-five cases had been operated upon by this method in Glasgow, and only three died; a very good average success. If the opening is too small for the exit of the calculus, it must be enlarged. A certain amount of urine must be retained in the bladder to facilitate the operations of the surgeon. If the calculus is soft and fragile, the bladder should be washed out with a large syringe. Preparatory treatment by purgation, attention to diet, the bowels, etc. must always be resorted to, prior to the performance of lithotomy.

The stone was removed according to the operation detailed above.

2. A second case of stone in the bladder was presented for operation. The little boy had been sounded at a previous clinic, and the presence of calculus satisfactorily demonstrated. It was proposed to perform the lateral operation with a curved staff, the old method of Cheselden, as improved by modern surgeons. The knife generally used is a delicate instrument, the blade not being wider than is absolutely necessary. The first incision should be made from three-quarters of an inch to an inch and a quarter above the verge of the anus, the point of the knife passing obliquely downwards between the anus and the tuber ischii;—skin, cellular and adipose tissue being divided. The skin of the perineum should be rendered tense by the index finger of the left hand. In the adult, the incision should be two and a half or three inches in length. The next step is the division of the transversus perinei muscle and artery, part of the triangular ligament, and the membranous portion of the urethra, the left lobe of the prostate gland, and, finally, the neck of the bladder.

The rule is, to make a small opening internally, and a larger one externally. If the opening in the prostate gland is too large, urinary infiltration is more likely to occur. The knife should not be held horizontally in making the first incision, but the operator should cut obliquely downwards and outwards, the rectum being pushed over to the right side. If care be taken, the pudic artery will escape being wounded. This accident in the operation was formerly the great danger in lithotomy; but it is obviated according to the present modes of operating. In extracting the stone with the forceps, a careful attention must be paid to the prevention of laceration of the soft parts involved. The forceps should be employed with the same kind of motion as the obstetrician uses in cases requiring the application of that instrument.

The operation was performed at the following clinic. The patient was chloroformized, and the calculus removed.

WEDNESDAY, DECEMBER 22.

*Recto-Vaginal Fistula.*—The case of congenital malformation of the rectum, described in a previous number of the Reporter, (p. 181) was again brought before the class. Evacuation of the rectum is attended with great distress and straining, and colicky pains. There is no doubt of the propriety of an operation for the patient's relief, as a fatal termination must otherwise ensue. The object must be to make an anus in the direction of the natural opening. The color of the skin is darker over the place where the anus exists in the normal condition. The recto-vaginal opening fulfils the functions of the natural anus tolerably well at present, except as regards the symptoms of distress which the infant exhibits; but at a future day obstruction of a serious nature may take place, involving its life.

In performing the operation, it may not be necessary to divide much substance. The opening should be about half an inch in length, and be rendered patent by a tent of lint introduced into it, and frequently renewed. The rectum occasionally terminates in a cul-de-sac high up in the pelvis. When this complication exists, it has been proposed to make an artificial anus high up on the left side into the colon. But the inconveniences to the patient of such an operation are of so deplorable a nature that such a mode of relief must not be thought of except in extreme cases. Sometimes the cul-de-sac is just above the natural position of the anus. Occasionally the rectum terminates in the urinary bladder near the opening of the ureters, or perhaps at the commencement of the urethra.

The position of the patient during the operation must be as in the operation for stone in the bladder. On making an incision over the spot indicated by the fold of discolored skin, fecal matter exuded. The opening was then expanded with a dilator, and a tent introduced. Difficulty will exist in retaining the lint *in situ*; but a compress and T bandage will probably overcome it. Sometimes the sphincter ani is present; but we cannot say positively, whether it has any existence in this case.

*Fibrous Tumor of the Mamma, resembling Scirrhus.*—Mrs. Smith, aged 42, has had for eight years disease of the left mammary gland,

She has had seven children, and the soreness of her breast has been increased by nursing. Pain exists in the part; the retraction of the nipple is scarcely observable; no attachments from morbid adhesions bind down the gland to the muscular parietes of the chest; no lymphatic enlargements have supervened upon the disease; and the general health and appetite are good. The breast is hard, but not uniformly so, a sense of fluctuation and softness being distinguishable in some portions of the tumor. The skin is perfectly sound on the right side. An apparently varicose condition of the vessels on the left side, however, exists; but the subcutaneous veins are but little enlarged. The age of the patient might induce us to look for scirrhus, but the symptoms are not such as to warrant this diagnosis.

The tumor, after attaining a certain size, did not appear to grow larger, until, during the last few months, it commenced increasing rapidly. In this respect it does not resemble scirrhus, and yet it might be an example of that affection notwithstanding. In that disease, too, the nipple would be harder and more retracted than in this case, and the tumor would probably be smaller. Sharp, lancinating pain is not always characteristic of scirrhus; it occurs in other diseases, whose pathology is very different from that malignant affection. It may also be safely diagnosed that this is not an example of encephaloid disease, the duration of the tumor, the general absence of induration, and the non-enlargement of the subcutaneous veins, being symptoms unsuggestive of the existence of that morbid growth.

The absence of many of the symptoms of scirrhus and encephaloid disease, induces us to assert, in spite of the resemblance to the former affection, that this is an example of fibrous tumor. Whatever be the diagnosis, the propriety of operating is unquestionable. The patient has, in her present state, constant subject for mental distress, and this alone would materially affect her general health, and superadded to this there is the possibility of degeneration of the fibrous into a malignant tumor. The tumor was, therefore, removed, and on account of its non-adhesion to the pectoral muscles, was readily separated from its attachments. When opened, it presented the appearance of an old fibrous tumor, something like scirrhus, or even like the incipient stage of encephaloid.

## HOSPITAL OF PHILADELPHIA MEDICAL COLLEGE

Service of Dr. J. Aitken Meigs.

OCTOBER 9TH.

*Valvular Disease of the Heart.*—I direct your attention to-day, to three highly interesting cases of cardiac affection. Valvular disease, more or less marked, is present in each of these patients. In one, the cardiac derangement has existed but a short time, and is simple; in the other two it is complicated with ascites and hydrothorax, and has existed a much longer time. I. The first patient, Peter P.—, a single man, aged 30 years, comes to us to be treated for palpitation of the heart. Last March he suffered from a very severe attack of rheumatism, which lasted about five weeks. For this he appears to have been treated in the ordinary manner, and he recovered without any cardiac symptom. Shortly after his convalescence he rode some distance into the country. When returning, the horse became frightened and ran away with him. He was much excited at the time, and ever since has noticed a decided irregularity in the action of his heart. His general appearance is indicative of perfect health; his appetite is good; his bowels are regular, and as long as he walks gently and makes use of no great exertion, he is comfortable enough. Whenever he attempts to work, to walk fast, or to run, this palpitation annoys him considerably. The impulse of the heart is very forcible, and is observed most distinctly below the fifth rib, and just inside the nipple. A bellows murmur of a low whispering character is distinctly audible just above the fourth rib, and near the edge of the sternum. This murmur occurs immediately after the second sound of the heart. The pulse is regular, and though not hard, is not readily compressed. The heart occupies its natural position, and is not hypertrophied. The soft bellows murmur in this case is most probably of organic or structural origin. The history of the case and the present symptoms strongly point to this conclusion. As it accompanies the second sound of the heart, and is most intense near the base of that organ, and over the left half of the sternum, we infer that there is aortic insufficiency, and consequent regurgitation, or in other words, that the semi-lunar valves of the aorta do not respond readily to the systolic and diastolic movements of the ventricles. You know that contraction of the ventricles drives blood into

the aorta and pulmonary artery. The force of this contraction is divided, part of it being spent directly upon the advancing columns of blood, and part employed in distending the elastic tissue of the great vessels. But this latter force is neither lost nor in the least impaired. It is again returned to the blood by the recoil of the elastic tissue, and thus the equalization of the circulation is to a considerable extent provided for at the very centre of the circulation. Now, the first effect of this recoil is to cause a reflux of blood towards the ventricles. But this reflux is naturally opposed by the sigmoid valves, which close the moment this recoil begins. These valves are often thickened, roughened and contracted by exudations upon their surface, by depositions of fibrin, constituting what are known as vegetations, and by degenerations of an albuminous, fatty or mineral nature. Such alterations frequently interfere with their mobility. They fail to close the ventriculo-arterial openings, and the blood regurgitating during the interval of repose which succeeds the second sound of the heart, gives rise to a soft blowing sound. In the patient before you the aortic valves have in all probability been thickened by a layer of fibrin deposited upon them during his attack of rheumatism. In the acute forms of this latter disease, we know that the fibrin of the blood is very much increased, and that there is a strong tendency to the deposition of this fibrin. The valvular lesion not being extensive, as is shown by the softness of the murmur,—nor of long standing, we may treat him with considerable hopes of success. His general health being good, we may direct our remedial efforts entirely to the removal of the deposited lymph, and the prevention of further deposits. We must keep in view also the rheumatic origin of the complaint, and the cardiac palpitations. Let him take, therefore, the following :

R. Potass. iodidi 3ij.  
Vin. sem. colchici f 3ss.  
Tr. digitalis f 3ij.  
Aqua f 3jss.

ft. mist. M.

Sig. One teaspoonful for a dose four times a day.

Let a small blister be applied over the cardiac region.

23d. Our patient tells us he is better today. He is less disturbed by the beatings of his heart. He says that he finds the palpitation a little more troublesome in cloudy and wet weather. The murmur is somewhat softer

and fainter than it was two weeks ago. The same treatment to be continued. I wish to give the iodide a fair trial in this case. If it fails we must invoke to our aid a remedy still more powerful as a means of promoting absorption.

Nov. 6th. The improvement of the patient is too slight to warrant a continuance of the present treatment. We must resort to mercury,—a drug which you must use with much circumspection, and only when you have good reasons for thinking that decided benefits will flow from its use. It is a two-edged sword, and must be handled discreetly. If the valvular disease were confirmed, and of long standing, and the blowing sound loud and rough, instead of soft and faint as in the case before us, we would be scarcely warranted in saturating the system with so powerful a drug, in the hope of promoting absorption. In the case now under treatment, there is considerable hope that this absorption can be accomplished, without the system being injuriously affected. The tendency of valvular disease, if neglected, is to produce hypertrophy, irregular and obstructed circulation, venous congestion, dropsies, inflammations, hemorrhages, etc. Let us make an effort at this the only time when it can be appropriately made, to save our patient from such ills as these. Let him take daily three of the following pills until his gums are slightly tender. Afterwards let him take one or two a day, as may be necessary to keep up the mercurial influence for a short time.

R. Hydrag. chlorid. mit.  
Pulv. Digitalis, as gr. xij.

M. ft. mass. in pil. xii. dividenda.

12th. The patient's gums are tender; the breath has the mercurial odor. Very little palpitation of the heart. The bellows murmur is less distinct. Treatment continued.

23d. Gums still slightly tender. The blowing sound scarcely audible. Can walk rapidly without palpitation.

27th. The most careful auscultation fails to detect the bellows murmur. It has entirely disappeared. The patient can walk rapidly without palpitation. Treatment discontinued and the patient discharged.

WEDNESDAY, DECEMBER 15.

Service of Dr. Halsey.

*Tinea Tarsi.*—A half-grown girl was brought before the class, having an affection of the tarsal edges of the eyelids. The ciliary borders

of the lids of both eyes are thickened, red, and incrusted with the dried secretions of the Meibomian glands, which are poured out, especially at night, and cause the lids to firmly adhere to one another, by the drying of these diseased secretions, which have a very adhesive property. These glands are constituted of small follicles, which empty into a common duct, and are arranged in a line along the ciliary edge of the lids, between the conjunctiva and tarsal cartilage. Their use is to pour out a secretion, which prevents the adhesion of the lids to one another. There is sometimes suppuration of these glands and the formation of pustules, when the cilia drop out, and give the patient a very ugly deformity, termed madarosis. The patient complains of an itching and stiffness of the lids, and the sensation as if a particle of sand was in the eye.

This condition is apt to last a long time; however, the cure depends upon the length of time the disease has existed. Most generally it is a sequel of a long existing and severe ophthalmia. When such is the case, it is a very troublesome disease to manage. If there be much redness or congestion, a few leeches or a leech or two may be required, and frequent bathing in tepid water. When the irritation and inflammation have subsided, the citrine ointment, 3j. to 5ss. of simple cerate, should be applied every night to the edges of the lids. If there be no signs of congestion or inflammation, the application of the ointment alone will be found to have an excellent effect.

*Periosteal Inflammation.*—An aged colored woman was attacked with great pain and swelling in the left elbow, three months ago, which prevented her from work. Soon a swelling made its appearance on the back of the hand, which occupied the whole of the dorsal aspect. Besides these, a swelling also made its appearance on the right tibia, which became very much inflamed. These swellings, except the last, are very firm and painful. The pains from these swellings were excessive, especially at night. The patient never has had any eruption, sore throat, or eyes, nor has she taken much mercury that she is aware of. She denies that she ever had the venereal.

The causes of this disease are violent rheumatism and syphilis. It may also arise from taking large quantities of mercury. We are called upon to decide what may be the cause, which sometimes is very difficult. As she has not received any injury of the parts, violence

is thrown out of the question. Is it rheumatism, or is it a syphilitic cause?

It is extremely rare that rheumatism affects the shafts of bones; it confines itself to the muscles or joints most generally.

Syphilis always affects the shafts, and of those bones which are the most superficial, as the tibia, forehead, ulna, and radius. Rheumatic inflammations never suppurate; those of syphilis often do.

As the patient has never had this kind of swelling before, and as one of them upon the tibia is much inflamed, and there is fluctuation, suppuration has probably occurred.

Taking all the symptoms together, then, we are almost forced to conclude that the disease is syphilitic.

The disease consists of the deposit of plastic lymph underneath the periosteum, which is vascularized more or less, depending upon the degree of inflammation. This lymph becomes organized or not, depending upon the degree also of the inflammation. If it be acute, and the bone becomes involved, suppuration may follow; if chronic, the periosteum becomes thickened, and the lymph may be developed into bone.

When the inflammation is acute, febrile symptoms usually accompany it, and antiphlogistic treatment is required, leeches, calomel and opium, rest, etc. If the disease be of syphilitic origin, calomel will not be found so serviceable, but the iodide of potassium will be found to afford greater and more speedy relief than anything else.

In all the forms of periostitis which are chronic, the iodide of potassium will be found the remedy of all others.

*Inflammation and Obstruction of the Lachrymal Duct.*—A middle-aged lady has had an obstruction of the tear-duct for six years. During the whole of this time, she has been very much annoyed by the overflow of tears, particularly upon going out into the cold. Frequently a swelling takes place near the inner canthus; and then, by pressing upon it, a matterly liquid is made to spit out from the lachrymal ducts. At present, there is a great deal of inflammation and tenderness, the eye being nearly shut in consequence of its swollen condition. Six leeches were ordered to be applied below the eye, and tepid water applications to be made, until the inflammation has subsided; a purge of hyd. chlor. mit. gr. v. and rhei pulv. gr. viii. to be taken at night, and followed by a saline cathartic in the morning. When the inflammation and

tenderness have subsided, the duct will be examined and operated upon, if it is found necessary.

## Medical Societies.

### PHILADELPHIA COUNTY MEDICAL SOCIETY.

WEDNESDAY EVENING, DEC. 8, 1858.

Dr. Bell, presiding.

Subject for discussion, THE PATHOLOGY AND TREATMENT OF NEURALGIA.

DR. REMINGTON opened the discussion by making the following remarks: Neuralgia is defined as a painful affection of the nerves of a part unattended with inflammation. Especially in the facial variety it is dependent on a reflex, morbid action, excited by a deranged stomach, skin or uterus; in other cases, the nerve itself may be diseased, or be irritated from pressure upon it, in its passage through a foramen or bony canal. Neuralgia is commonly associated with dyspepsia, a gouty or rheumatic temperament, and a broken down constitution. We also frequently find it resulting from carious teeth, a feeble and infirm state of health, and in anaemic or chlorotic females, though it may be met with in persons who are robust and healthy. He thought he had seen it more frequently in females than males.

It is often very obstinate and intractable in its treatment, resisting every known remedy for months and years, and finally causing the patient to succumb. Permanency of cure is always uncertain from the periodical character of the disease, and the difficulty in the removal of its causes. Intense agonizing pain is always exhausting, frequently causing syncope, but when periodical and relieved by intervals of ease, as in neuralgia, it may be endured for a long period. Bodily suffering, will, if long continued, surely, though gradually undermine the most vigorous; effectually destroying all disposition for food or sleep; depressing both physical and mental powers, and is very justly pronounced "the most powerful sedative in nature."

The treatment may be divided into local and constitutional, or remedies proper during the paroxysm, and those which are adapted to prevent its recurrence.

Among the local remedies may be mentioned tinc. of aconite, aconitia, atropia, belladonna, hyoscyamus, the endermic application of various salts of morphia, division of the affected nerve, and the application of the actual cautery, which is especially serviceable in sciatica. While on this point, he would take occasion to mention a formula which he had used with much benefit:

R. Aconitia gr. j.

Atropia gr. iii.

Adipis 3ij.

M.

To be applied externally, and used very carefully.

As constitutional remedies, we might employ belladonna, the salts of morphia, quinia in large doses, iron, solution of the arsenite of potassa, tinc. of cannabis indica, tinc. of valerian, ext. of hyoscyamus, wine of colchicum, or its salts.

The inhalation of ether or chloroform has been employed as a means of arresting the paroxysms, but not with a view to a permanent cure; these articles are especially applicable in those cases of neuralgia, which are due to a reflex morbid action in the facial nerves, excited by a deranged stomach, skin or uterus, rather than those cases which depend upon diseased nerves.

DR. CONDIE confessed that in respect to the pathology and therapeutics of neuralgia he was completely at sea. He would endeavor, however, to contribute his share towards carrying on the discussion, in the hope of bringing out the experience of the members present. The term, neuralgia, was certainly an unfortunate one; it is so extremely indefinite in its signification, as to apply to a large number of diseases, which differ essentially in their pathology and treatment. If pain, (or more properly, suffering) in a nerve is to constitute the essence of the disease, without the presence of any of the other symptoms of inflammation, then we have certainly a number of maladies that might in strictness be called neuralgia. Colic, as well as many of the forms of chronic rheumatism are little more than nerve sufferings; this is especially true of sciatica and lumbago. In the same class we may include also gout, in all its chronic forms. Tetanus likewise is nerve suffering, united, it is true, with tonic spasm of the muscles; it is equally therefore a neuralgia. He did not pretend to understand the nature of the disease understood by the term neuralgia.

In some cases it is probable that there is

actual disease of the nerve itself, or of its enveloping sheath; in others, an irritation is reflected upon the suffering nerve, as from some affection of the teeth; from caries, or, as is more frequently the case, from suppuration at the bottom of the alveolar cavity. It would appear that there are a large number of neuralgias which result from a disturbance of the digestive organs, or from a blood poison. Thus gout, in many of its forms, and chronic rheumatism, which is essentially a different disease from acute arthritis; both result probably from a morbid state of the blood.

One curious circumstance connected with neuralgia, is, that in one of its forms at least, it is strictly intermittent; often as strictly so as intermittent fever. Patients can tell beforehand, when they will have an attack. In many cases of what is known as tic doloreux, an equally curious circumstance is, that in persons so affected, a soft handkerchief passed lightly over the face, or exposure to a draught of cold air, will cause an intense paroxysm, which will cease as suddenly as it occurred. Yet, if we can depend upon the observations, etc., of our pathologists, no change can be detected in the nervous fibres, or their investing sheath. Some few claim to have discovered some morbid appearances of these parts, under the microscope, but whether it is really so, he could not say. Microscopic examinations of organic tissues are liable to lead into error.

In regard to the treatment of neuralgia, he was still much in doubt. He questioned whether the disease was ever cured, though it may certainly be relieved. For this purpose, narcotics are eminently useful. He most frequently employs a combination of the ext. of hyoscyamus, camphor, and the proto-carbonate of iron; this he generally ordered to be made into pills, with castile soap. He could not say that the soap possessed any peculiar virtues in this disease. He has employed it, however, because he found it in the formula originally given to him. In many forms of intermittent neuralgia, quinia has been quoted as having succeeded admirably, and hence such cases were supposed to constitute a form of intermittent fever. It is so considered by MacCulloch. But, with the exception of cases occurring in broken down constitutions, Dr. Condie had never found quinia of service in neuralgia, and then only indirectly, by improving the appetite and strength of the patient. He had not seen any direct effect from it. In lumbago, and sciatica, he has perhaps observed the most benefit from its use, but he

could not say even there, that it was the proper remedy. He had not found belladonna, either internally or externally, as beneficial as some other of the narcotics. Hyoscyamus was his favorite, of that class of agents. Aconite appeared to be of service in a large number of cases. In the neuralgias of the anterior part of the head, not the face, dry cupping would relieve the paroxysm better than anything else, though he generally followed it with a heavy dose of some narcotic.

To sum up, we often take a symptom,—intense pain,—for a disease, and thus are misled in our treatment, which ought to be directed to the *cause* of the nerve suffering, rather than alone to the latter. Next, the term neuralgia, was too loosely used, which is one cause of its treatment being so loose, indefinite, and uncertain. Finally, when there are no indications of inflammation, we must employ narcotics, and these in sufficient doses. In answer to an inquiry, as to the dose he gave of the proto-carbonate of iron, he said that he generally gave from half a drachm to one drachm.

DR. COATES said that there appeared to be a great confusion as to the idea of neuralgia. The real etymological meaning of the word was pain of the tendons, as *τενόν*, from which it was derived, meant tendon. With regard to this affection, we had almost no light from morbid anatomy. A patient rarely dies from this disease; and when death occurs from other causes, those causes would act to produce changes in the structures, of which we could not know how much or how little to attribute to the neuralgia. We were left to judge from the phenomena presented, whether there was inflammation or not. The idea that neuralgia was the result of an inflammation of the fibrous band, which inclosed the nerve, appeared to him erroneous. Dr. C. generally found as a result of this, a feeling as if the part were, what is popularly termed "asleep." Neuralgia was very much mixed with chronic rheumatism. He could not see clearly, why sciatica was excluded by a former speaker from the class of neuralgias. What was known under the name of spinal irritation also might be included under the head of neuralgia.

Dr. Trénor, of New York, had published a memoir on periostitis of the scalp, which he considered as producing the neuralgia of the part. Dr. C. had settled from much experience into the habit of settling down neuralgia, as a result of periostitis. In inflammation, the pain is not always from the same cause. Sometimes, it has been thought to result from

a distension of the parts by the swelling, or from pressure upon the nerve by the parts, etc. Sometimes, from the mere increase of the natural function of the nerve, pain being a real hyperesthesia of the part, a mere increased feeling. It had been thought that in some cases, a plexus of nerves was distended, and hence the pain which occurred.

In these circumstances we had better adhere closely to the simple facts. Shooting pains, often sudden and severe, are a quality of periostitis. Venereal nodes are characterized by sudden and severe shooting pains; as was periosteal toothache. In a case which he treated with acupuncturation in the face, in every instance, when the needle touched the surface of a bone, a violent twinge was experienced, though the needle gave little pain elsewhere. When he was in the Pennsylvania Hospital, he saw many cases of spinal neuralgia, or spinal irritation, as it was called, occurring in girls of good character, who had been broken down by long continued illness, hard work, and misfortune. He felt safe in considering all the spinal irritation cases which he had seen, as being really periostitis in nervous temperaments. These were very often found to be incurable, and the main idea was, that it was impossible to cure spinal neuralgia, after a long continuance of the complaint. The treatment was various; but they were in every case necessitated to employ narcotics. At that time some modes of treatment were unknown, as that by quinia. One case of strongly marked sciatica, occurring with great violence, in private practice, in a man, with no other symptoms, was cupped, bled and purged actively by Dr. C., and as the pain ceased in a few hours, he thought the result was owing to his remedies; but next day the attack returned at exactly the same time with equal force. In consequence of this intermittent character of the case, he gave bark in large doses, and the trouble ceased after the third paroxysm. He sometimes thought he had seen benefit from quinia. Toothache, and some other forms were intermittent, as many had no doubt observed. Division of the affected nerve does not often succeed. It has even been performed on the whole three nerves of one side of the face without success.

*Dr. Bell* said the difficulty was in the diagnosis; the discovering what was the cause, and especially in diseases of the uterus. He called upon Dr. Atlee to give his experience in such cases.

*To be continued.*

## Reviews and Book Notices.

**ON VESICO-VAGINAL FISTULA, AND ITS SUCCESSFUL TREATMENT.**—Illustrated by eleven cases. Read before the British Medical Association at Edinburgh, July 31st., 1858. By L. Baker Brown, F. R. C. S., surgeon-accoucheur to, and lecturer on midwifery and diseases of women and children, at St. Mary's Hospital; Surgeon to the London Home for Surgical Diseases of Women, &c., &c. London, 1855.

This pamphlet is a detail of eleven successful operations for vesico-vaginal fistula, performed according to the improved method invented by our countrymen, Drs. Sims and Bozeman.

The subject of vesico-vaginal fistula, is, at this time, of intense interest to the surgeon.

An affection usually abandoned as hopeless, and deplorable in the extreme, has of late risen to the rank of curable,—the dejected, self-loathing sufferer been redeemed from her misery, and our humane art crowned with a new triumph over the hydra of disease. Yet it cannot be said that the operation had been one hitherto neglected by surgeons. The utmost ingenuity had devised in vain for an effective plan of relief;—the usual operations had, though with faint hope, been patiently and frequently repeated, and the numerous but inefficient contrivances for its palliation, only attest the utter perplexity of the subject. The peculiar causes of the affection, connected as they are with prolonged sufferings of maternity, entitle its victim to the gentlest sympathies of our sex, and we congratulate our countrymen on their having perfected a means of curing even the formerly most intractable cases.

The claims of Drs. Sims and Bozeman, the American originators of the improved operation, have been properly acknowledged throughout Europe.

In this city five cases have been operated on after their method. Of these, three have been entirely successful,—one by Dr. J. Pancoast, and two by Dr. D. H. Agnew. The unsuccessful cases, cannot be considered as entire failures, as in one, at least, the fistulous orifice has been lessened, and both may probably yet be entirely cured by repetition of the operation, for as the author of this pamphlet, remarks in allusion to such successes after frequent repetitions of the operation, “these facts give us great encouragement to persevere, even in the most difficult cases, and show that no number of failures

ought to prevent us from repeating our attempts."

Of his cases, seven of the eleven were cured at the first operation, three at the second, and one at the ninth.

L.

**SOME LOCAL AND GENERAL EXCRESSES OF HOMEOPATHY:** Being Reviews of Dr. Hering's "Homeopathist, or Domestic Physician," and of the Homeopathic "Materia Medica Pura." By JOHN F. GEARY, M. D. Philadelphia: Henry B. Ashmead, 1858.

The object of the above titled pamphlet is the condemnation of the books, tenets, and practice of some of the long acknowledged exponents of that extraordinary delusion, and the glorification of another set of the same class of empirics.

We can only see in this effort evidences of the dissensions and wranglings which have ever characterized the doings of those banded in error or fanaticism, and which ever precede their merited extinction. The "excrescences" alluded to, are the books which the writer of the pamphlet in ridicule reviews, and he certainly does it in a very humorous way.

These works may be excrescences, for the whole plant is but a fungus, given to vagaries in growth, and from which excrescences may be expected. Springing, fungus like, in darkness, from the much of ignorance and credulity, it has puffed itself into an ephemeral notoriety by its pretentious claim to a place in the fields of science. The greater its inflation the more complete will be its collapse, and we can only view these "excrescences" as its own morbid development, tending to its own dissolution and the quietus of its dogmas, dupes and devotees.

"Stultitia plerumque exitio est."

L.

**BRIEF EXPOSITIONS OF RATIONAL MEDICINE, TO WHICH IS PREFIXED THE PARADISE OF DOCTORS: A FABLE.** BY JACOB BIGELOW, M. D. etc. Boston: Phillips, Sampson & Co. 1858. pp. 69.

Passing by the "Paradise of Doctors," which is certainly an amusing fable, we come to the body of the work, "Brief Expositions of Rational Medicine," and this portion, though truly deserving the name of brevity, contains much that may be read and reflected upon with benefit by many in the profession. Dr. Bigelow treats of the Artificial, the Ex-

pectant, the Homoeopathic, the Exclusive, and the Rational methods of treating diseases. After showing the fallacies, etc., of each of the preceding four, he comes to indicate the benefits resulting from the Rational method, the plan which is at present adopted, or being rapidly adopted by the profession throughout the world. Works like that of Sir John Forbes, on "Nature and Art in the Cure of Disease," and the above, are exactly what the profession are prepared to receive. In these days of empiricism of the most unblushing effrontery, it behooves the true lovers of medical science to lend all their aid and influence to show, not only to the profession, but to the world, the sophistries of the almost numberless charlatans who are endeavoring to fleece the people of their money, in exchange for worthless or even dangerous articles. Though a small volume, we consider it well worthy of perusal, and hope it may prove a valuable adjunct in forwarding the progress of "Rational Medicine."

We have received from Dr. R. J. Dunglison, a copy of his article entitled "*Observations on the Deaf and Dumb*," reprinted from the N. A. Medico-Chirurgical Review. It contains much important matter upon these two affections, which is well worthy of preservation in a more durable form. The whole article evinces a careful research into all authorities, etc., upon the subject. He particularly dwells upon "the apparently greater prevalence of deaf-mutism in countries which have mountainous ranges, and the small ratio of the deaf and dumb to the population in low countries; the influence of race in predisposing to deaf-mutism, as exemplified in our own country more particularly; the duration of life among the deaf and dumb, and the age of greater prevalence of deaf-mutism; deaf-dumbness in the United States, and institutions for the instruction of deaf mutes; an estimate of the number of the deaf and dumb in the known world."

\* \* \* *Godey's Lady's Book* for January has been for some time on our table awaiting a notice. We can only say of the "Book," that it continues to maintain the front rank of journals devoted to the interest, amusement and instruction of our wives and sisters.

**Editorial.****MEDICAL SERVICE IN THE NAVY.****EDUCATION—COMPENSATION.**

The character of medical education is such, attributable to the extensive competition of the various schools, that the government, nearly forty years ago, determined that the diploma alone was not a conclusive testimonial that its possessor was qualified to practice medicine and surgery safely in its military establishments. It was therefore resolved by the Navy Department, about the year 1824, that no person should be admitted into the medical corps who had not been previously examined by a board of experienced naval surgeons, and found qualified for appointment. Under this system, many who had not yet graduated were admitted, while many who had diplomas were rejected; and the same is true at the present day.

In May, 1858, a law was enacted which provides that "no person shall receive the appointment of assistant surgeon in the navy of the United States, unless he shall have been examined and approved by a board of naval surgeons, who shall be designated for that purpose by the Secretary of the Navy Department; and no person shall receive the appointment of Surgeon in the Navy of the United States, until he shall have served as an assistant surgeon at least two years, on board of a public vessel of the United States at sea, and unless, also, he shall have been examined and approved by a board of surgeons constituted as aforesaid." This law provided that assistant surgeons should receive thirty dollars a month and two rations a day, equal to \$542 50 cents annually, and after five years' service they should be entitled to an examination, and if found qualified for promotion, they should each receive an addition of five dollars a month and one ration a day, making the annual pay \$693 75; and after ten years' service, a further addition of five dollars a month and one ration a day, equivalent to a yearly salary of \$845. The same law gave surgeons annually, for the first five years, \$782; for

the second five years, \$933, for the third and fourth five years, \$1,085; and after twenty years, \$1,205.

At the present day it seems remarkable that the services of competent men could have been procured at such low rates of compensation. The passed assistant surgeon now receives at sea more pay than did the surgeon, after twenty years' service, in those days.

The present remuneration of medical officers was fixed by law in 1835, when the cost of living, in every part of the world, was about one half less than it is now. It is reasonable to hope, however, that Congress will, before it adjourns on the 4th of March next, do something to improve the condition of medical officers in this respect.

The annual salary of assistant surgeons, is \$650 while waiting orders, and \$950 while employed at sea or on shore. Passed assistants receive \$850 while waiting orders; \$1,150 while employed on shore, and \$1,200 at sea. When it is remembered that, from the circumstances in which they are placed, especially when employed ashore or afloat, they are obliged to live at city rates of expense, it requires little reflection to satisfy any one that the remuneration is not sufficient to justify the luxury of wife and children, although a young man of economical habits may "make both ends meet," and afford a few dollars in the course of the year for the purchase of medical books, which is a necessity for every one who desires to keep himself informed of the progress of his profession.

There are now on the list 41 passed assistant surgeons. Of these one has been 14, one 13, three 12, eleven 11, four 10 and four 9 years in the navy, and seventeen 6, 7, and 8 years.

The pay of surgeons commences at \$1,000, with an addition of \$200 every five years until the completion of twenty years, when it is \$1,800 a year. This pentennial increase should have continued at least up till it reached thirty years; then it would have been only \$2,200. These rates are increased one-fourth to those employed on shore, and one-third to those employed at sea: so that a surgeon who

has been commissioned twenty years and upwards receives, while at sea, \$2,400 per annum. But to obtain these rates, the medical officer must have served at least five years as assistant, prior to examination for promotion, and therefore, under the most favorable circumstances, must have served at least a quarter of century, before he can receive the highest pay.

There are no perquisites of any kind or description, except only a daily ration, valued at twenty-five cents, while at sea.

At best, the remuneration is only enough to afford a respectable living; but affords no fair opportunity to accumulate for the education of children, or to provide for widows or orphans.

In our next we propose to continue the discussion of the subject of medical education, in connection with a proposition now before the American Medical Association, to be acted on at its meeting in Louisville, in May next, suggesting the appointment of boards of examiners, through which admission is to be had into that body, with the ultimate view of making the diploma of the Association the evidence of the standing and acquirements of those who present themselves before the public as practitioners of medicine.

#### MAMMOTH FOSSIL SAURIAN.

At the meeting of the Academy of Natural Sciences, on Tuesday evening, December 13th, W. Parker Foulke presented to the Society a collection of large fossil bones, recently discovered in the marl of Mr. J. E. Hopkins' farm, near Haddonfield, New Jersey.

Prof. Leidy stated that these bones had belonged to a huge herbivorous lizard, closely allied to the great extinct *Iguanodon* of Europe. They, however, exhibit differences sufficiently great to characterize a distinct genus, for which the name of *HADROSAURUS* (*adros*, great; *saurus*, lizard) was proposed.

The teeth of the animal are of peculiar form, and are evidently adapted to the mastication of vegetable food. As those in use were worn out, they were followed by others in succes-

sion; and the different sets in use, and more or less developed within the jaws, were arranged together in quincuncial order.

The collection contains 27 vertebrae; and it was estimated that the animal had 30 to the trunk, including the sacrum, and 40 or 50 to the tail. The caudal vertebrae are comparatively of large size. One of them, from near the middle of the tail, indicates that in this position the latter was over 1½ feet in vertical thickness.

The entire length of the lizard was estimated to be in the neighborhood of 25 feet. The humerus is 23 inches long; the ulna 23 inches; and the radius 20 inches. The thigh bone is of enormous size, and measures 40 inches in length; the tibia is likewise of great bulk, and is 37 inches in length.

The great disproportion between the bones of the fore and hind leg, leads Prof. L. to suspect that the *Hadrosaurus* may have been capable of standing erect, kangaroo-like, sustained by its posterior extremities and long powerful tail, and such a position may have been frequently assumed for browsing. As, however, a considerable disproportion is frequently noticed between the corresponding parts of recent and well known extinct saurians, unaccompanied with any disposition to stand erect, it is not improbable that the great *Hadrosaurus* may have attained the ordinary procumbent position.

The species was named *Hadrosaurus Foulkii*, in honor of the donor of its remains to the Academy.

Our readers in New Jersey would greatly further the cause of science by observing the operations in the marl-beds which are found in so large a portion of the State, and preserving any fossil remains which may be brought to light, before they are destroyed by exposure to the air. If at any time such remains should come to the knowledge of any of them, we would be obliged if they would inform us.

We regret very much the necessity of dividing the exceedingly interesting and instructive discussion on *Neuralgia*, a portion of which appears this week, but it was too long for insertion in a single number.

## SYSTEMATIC CHARITY.

Poverty, in the primary acceptation of the word, carries the idea of destitution, indigence, and want of the necessaries of life, or at least of the comfortable means of subsistence. Disease and crime are, it is well known, its frequent accompaniments. Indeed, they are seldom long separated from it, hence the medical man, the jurist, and the political economist, are in common with the philanthropist as such, interested in the discussion of this question. Poverty may be honest, or its subject, unfortunate, having *a claim* inseparable from humanity, on those on whom Providence has bestowed greater worldly favors.

But, unfortunately for the worthy, ill-disposed and designing persons have used poverty as a cloak for deception and imposition in their most reprehensible forms, so that it is a serious question whether the indiscriminate bestowment of charity is not in the aggregate, productive of far more harm than good. "The poor ye have always with you," and it is no less a privilege than an obligation, for those who are able, to bear the burdens with their less fortunate and perhaps more worthy fellow beings." But it is justice and not charity that should be blind-folded. Theoretically, charity should scatter her gifts to the seemingly unfortunate with an unsparing, though unostentatious hand, without asking a question; but depraved human nature requires that the giver inform himself whether the recipient of his favors be worthy or not, for he may, unconsciously be contributing to the support of idleness and crime in their most revolting characters. And this should always be a DUTY in the bestowment of charity. The mistaken feeling that it is better to give, even if often imposed upon, than that any deserving poor should be turned away without relief, is fraught with much evil both to the community and to the poor themselves.

In our large cities, street begging has become such an intolerable nuisance that the

municipal authorities have made provisions for the commitment of juvenile beggars to the House of Correction, and of adults as vagrants,—because, unfortunately, there is no intermediate place for them between the prison and the poor-house.

From what has been said above, it is evident that SYSTEM will do much toward a judicious application of charity funds, and the relief of the worthy poor. Toward the attainment of this end, we commend to the attention of philanthropists in this city, the letter of our Boston correspondent descriptive of the working of the "Provident Association" of that city. We have copies of the last Report of the Association, and its "Directory for 1858-9," which we would be glad to show to any one interested. A commendable feature in the working of this Association is the economy in its administration; the whole outlay for the most complete supervision of the requirements of the poor of the whole city of Boston, for office rent, fuel, light, salaries, and clerk hire for the seven months preceding May of this year—including the winter of 1857-8 when so many were out of employment—being only \$1,270 02.

In consequence of the connection between disease and poverty, whether honest or assumed, and the great demand upon the professional charities of medical men, we as a profession are particularly interested in the question of the proper bestowment of alms whether in money or labor, and we need scarcely say that the arguments used against ordinary indiscriminate alms-giving, may be applied with equal force against indiscriminate attendance, without compensation on the part of the medical profession, on those who profess poverty. While there are few that do more for the poor than our profession, we are, perhaps, from the benevolent feature in our calling, more frequently imposed upon by designing persons clad in the garb of poverty, and using its oft told tales.

## Correspondence.

BOSTON, DECEMBER, 1858.

Among the aids to physicians, nothing is of more importance than the ordinary comforts, which patients in the upper and middle classes enjoy. How often are the lower classes kept sick by the want of warm rooms, sufficient bed covering, and the right thing at the right time in the way of proper food. One's experience, at the beginning of medical practice in a large city, teaches him that medicine is not the one thing needful with the poor, yet he is obliged, for want of a deep pocket, to order from the dispensary some tonic to make the bread tolerable, which, without the tonic could not be forced down; to supply fuel internally, which fuel in the room would render unnecessary; and to give a sleeping draught, when a warm blanket would be the best hypnotic.

Dispensaries for medicine cannot do all. Other associations must step in and furnish their proportion. But how to distinguish between the applicants for necessary relief and the lazy beggar, is a question, which the wisest head has yet found no answer for. For the present, we must be occasionally cheated, and be satisfied with our motive, when we find, that, with good intent, we have given where relief was not needed.

There has been an association for several years in this city, which has been earnestly striving to do the right thing at the right time. The organization of this association—The Boston Provident Association,—extends over the whole city, which is divided into twelve districts, which are subdivided into one hundred and seventy-five sections, to each of which is appointed a visitor, whose duty it is to attend to every applicant for relief within his limits. In whatever part of the city persons may apply for charity, by means of the Directory and Reference Tickets, they may be referred directly to the visitor in whose section they may reside. The Directory is in two parts; the first contains a list of streets with a number attached, which is the number of the section to which it belongs. The second part is a list of visitors with their numbers. A short extract will show the mode of working.

### LIST OF STREETS.

|                         |     |
|-------------------------|-----|
| Canal,                  | 38  |
| Canton West,            | 149 |
| Canton East,            | 157 |
| Church—No. 1 to 20,     | 124 |
| Cross—from No. 1 to 64, | 37  |

### NAMES OF VISITORS.

#### District XI.

A. G. Wyman, jr., Secretary, 879 Washington st.  
Hon. Henry Crocker, Treasurer, 6 Shawmut av.

|                         |                    |
|-------------------------|--------------------|
| 143. Mrs. Fairbanks,    | 39 Dover street.   |
| 144. Rev. J. E. Barry,  | 20 West Orange.    |
| 145. Rev. P. Mason,     | 18 Dover Place.    |
| 146. John H. Butler,    | 9 Florence.        |
| 147. C. J. Bishop,      | 20 Milford.        |
| 148. W. W. Tobey,       | 870 Washington.    |
| 149. Miss A. L. Lovell, | 17 Ashland avenue. |

Now for the mode of operation. John Thompson or Tom Johnson calls at your house, with the statement that his family is sick; he is out of work, out of food, and needing bed clothing; he lives at No. — West Canton street. In the alphabetical list of streets, you find that West Canton street is in District XI., §149. In the list of visitors, you find that §149 is under the supervision of Miss A. L. Lovell, 17 Ashland avenue. You take then one of the blank tickets, with which every subscriber is provided, and fill it out as follows:

#### BOSTON PROVIDENT ASSOCIATION.

Miss A. L. Lovell, Visitor, No. 17 Ashland avenue, will please visit John Thompson, No. — West Canton street, and oblige

L. M. N., Member.

Boston, Dec. 1st, 1858.

Mr. Thompson does not choose to be visited, because he is in pretty good circumstances, tears up his ticket, and tries somewhere else, with the same result; and so on, till he finds that he had better stop begging. Tom Johnson, on the other hand, who is in trouble, calls on the visitor, who then calls on him, finds him in want, and gives him an order for groceries, a blanket, a little wood, or something else; and if his child is sick, sees that the dispensary physician for the district is called in, and leaves the case, with the promise to call again.

The plan works well in Boston, and has almost entirely put a stop to street begging. As its merits become better known, it will fully accomplish that end, and be of inestimable value to the sick and the well poor.

I send you copies of their last report, and of their directory, which you may find of sufficient value to publish more extended extracts from, or call the attention of the non-professional public to.

Yours, C. E. B.

## Periscope.

*New mode of dressing Fractured Clavicle.*—In the *Chicago Med. Journ.*, Dr. J. W. Freer gives his own method for the treatment of this fracture, which seems to be simple, easy of application, and to answer all the indications. He applies a strip of adhesive plaster, two and a half to three inches wide, and long enough to extend from the under surface of the forearm, near the elbow of the injured side, to the shoulder opposite, the strap being applied about its middle to the form, and passing each end, one in front and the other behind, crossing on the shoulder, and lapping over. This must be drawn tight enough to bring the elbow firmly to the side and elevate the shoulders, a pad having been placed in the axilla to carry the shoulder outwards. Next, a similar strip is passed around the injured arm at the axilla, carried across the back under the arm opposite, and lapping upon the breast tight enough to bring the shoulder sufficiently far back. Finally the hand is supported by a silk handkerchief, attached to a loop of plaster over the sound shoulder. If it be necessary to make compression over the seat of fracture, this may be done by means of a strap placed under the elbow and over the shoulder of the injured side.

## Medical News.

### MARRIAGES.

**FINLAY—ELLIOTT.**—On Thursday, Dec. 23d, by Rev. F. McManon, Dr. Edward S. Finlay, of New York, to Annabella H., daughter of Isaac Elliott of this city.

**FULTON—PHIPPS.**—On the 23d of Nov., by Rev. John V. Miller, John B. Fulton, M. D., of Mercer co., Pa., to Miss Sarah Phipps of Venango co., Pa.

**GRIFFITHS—PEYTON.**—On the 23d Dec., at Washington, D. C., by Rev. Wentworth L. Childs, Dr. James M. Griffiths and Mary E. Peyton, eldest daughter of James M. Torbert, Esq.

**RICHIE—BOYD.**—On the 21st of Oct., at Huntsville, O., by Rev. Wm. Milroy, Robert W. Richie, M. D., of Philadelphia, to Miss Agnes, daughter of Robert Boyd, Esq.; *visiteries Jeannie illi si sword raised amocoit situm ati admissit to ad hinc —— tant diligenter quin*

*long illo ad hinc scis est et opere old to his majoria —— agno nov broos. I illa to build wate —— wate proprieat right DEATHS.*

**LEWIS.**—At Ebensburg, Pa., Oct. 29th, of croup, Hiram Gross, son of Dr. D. W. and Mrs. Maria Lewis, aged 2½ years.

**LYON.**—In New York, on Friday, Dec. 24th, of pulmonary phthisis, James L. Lyon, M. D., aged 50 years.

### W. P. VASEY, M. D.

DIED, in this city, on Sunday last, the 26th inst., of pneumonia, Dr. Wilson P. Vasey, in the 31st year of his age.

Dr. Vasey was born in Bucks county, in this State. He graduated at the Jefferson Medical College, in the year 1851, and since that time has been well known as an active practitioner in the northern part of this city.

About a year ago he was appointed one of the physicians to the Charity Hospital, and held with credit the specialty of Diseases of the Respiratory Organs. Dr. Vasey was much beloved and respected. His manners were peculiarly sympathetic, affable and unassuming, and his daily professional intercourse with his numerous patients, was marked by a dignified attention to those properties of life which ever evince the innate gentleman, conciliating by his gentleness, and inspiring hopefulness and confidence by his earnest bearing. His practice was remarkably large and laborious, exceeding, perhaps, that of any one, of his years, in this city, and his early death may be attributable to the incidental exposure and harassing cares preying on a naturally feeble constitution. Those who know the toils of a large practice, in which the physician endures an abject slavery to the necessities or caprices of every one who chooses to disturb his repose, can comprehend such wearing out of body and mind.

From the time when he laid down his slender form, to rise no more, he expressed "his resignation to affliction, his faith in the divine goodness, his hope in the hereafter."

When the aged man is gathered, life-weary, to his repose, we can see in it, though it be in sorrow, but nature's finale,—but a short dark journey through the grave, to renew his youth at the wicket of elysium. But when the young and strong, flushed with the rosy hues of life's morning, are in haste summoned to the tomb, we cannot but associate with it a disruption in nature, an untimely blight, fearful and sad:

" Yet, why should death be link'd with fear?  
A single breath—a low-drawn sigh—  
Can break the ties that bind us here,  
And waft the spirit to the sky."

**New Medical Journal.**—The St. Joseph, Mo., Medical Society has started a new medical journal, to be issued bi-monthly, Dr. J. H. Crane, O. B. Knodle and G. C. Catlett, being the editorial committee. Our friends will find this an expensive luxury, but if they will sustain the enterprise it will serve the cause of medical progress. We wish it success.

**Dr. W. Pepper** has resigned the position of Physician to Pennsylvania Hospital, to take effect immediately.